



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Buffalo Local Office

Olympic Towers
300 Pearl Street, Suite 450
Buffalo, NY 14202
(716) 431-5007

John E. Thompson
Director

May 15, 2019

Lucinda A. Johnson
211 Kensington Place
Syracuse, NY 13210

Re: EEOC #: 846-2019-13974
Johnson v Oneida Nation Enterprises LLC

Dear Ms. Johnson:

I have reviewed the information which you recently sent to this office. It appears that you do not meet the jurisdictional requirements for filing a charge of discrimination with the Equal Employment Opportunity Commission (EEOC).

This decision is based on the information you provided in your intake questionnaire, and per our phone conversation. You identified your employer as Oneida Nation Enterprises LLC. Under Title VII of the Civil Rights Act of 1964, as amended (Title VII), American Indian Tribes are exempt from coverage for any employment decision. American Indian Tribes are excluded from the definition of "employer" for jurisdictional purposes under Title VII.

For this reason, we will not conduct an investigation into your complaint if you were to go forward with filing a formal charge of discrimination. Nevertheless, if you choose to, you may still file a charge of discrimination. Though it is likely that the EEOC will dismiss your charge without investigation, the fact that you have filed a charge of employment discrimination with us may protect your right to file an employment discrimination lawsuit in court.

If, after reading this letter, you still wish to file a charge of discrimination, please contact this office in writing to indicate your intention to proceed with the filing process.

Sincerely,

A handwritten signature in blue ink, appearing to read "S. Cali".

Sandra Cali
Investigative Support Assistant

10200621

Received

New York State Division of Human Rights
Employment Complaint Form

MAR 29 2019

NYS DHR
Syracuse Satellite

1. Your contact information:		
First Name <i>Lucinda</i>	Middle Initial/Name <i>a</i>	
Last Name <i>Johnson</i>		
Street Address/ PO Box <i>211 Kensington place</i>	Apt or Floor #:	
City <i>Syracuse</i>	State <i>N.Y</i>	Zip Code <i>13210</i>
2. Regulated Areas: You believe you were discriminated against in the area of:		
<input checked="" type="checkbox"/> Employment (including paid internship) <input type="checkbox"/> Labor Organization <input type="checkbox"/> Apprentice Training <input type="checkbox"/> Employment Agencies <input type="checkbox"/> Internship (unpaid only) <input type="checkbox"/> Licensing <input type="checkbox"/> Volunteer Firefighting (excludes disability, age, domestic violence victim status, arrest, conviction, genetic history)		
3. You are filing a complaint against:		
Employer Name <i>ONEIDA NATION ENTERPRISES LLC</i>		
Street Address/ PO Box <i>5218 Patrick Road P.O. Box 126</i>		
City <i>Verona</i>	State <i>N.Y</i>	Zip Code <i>13478</i>
Telephone Number: (<i> </i>) <i> </i> Ext. <i> </i>		
In what county or borough did the violation take place? <i>ONEIDA</i>		
Individual people who discriminated against you: <i>all first names</i>		
Name: <i>Vicki, Desiree, Sarey</i>	Title: <i>Manager's</i>	
Name: <i>Justine, Kristal</i>	Title: <i>Licensing Specialist</i>	
Employee (Coworker (Bill, Kim, Buffy)) <i>E Garcia Hiram</i>		
If you need more space, please list them on a separate piece of paper.		
4. Date of alleged discrimination (must be within one year of filing):		
The most recent act of discrimination happened on: <i>Sexual assault (Feb 1st, 18, 2019)</i> <i>Feb 9th 2019</i> Til <i>March 4-19</i>		
5. For employment and internships, how many employees does this company have?		
<input type="checkbox"/> 1-3 <input type="checkbox"/> 4-14 <input type="checkbox"/> 15-19 <input checked="" type="checkbox"/> 20 or more <input type="checkbox"/> Don't know		
6. Are you currently working for this company? <i>NO</i>		
<input type="checkbox"/> Yes. Date of hire:	<i>Jan 9th 19</i>	What is your position? <i>Money room Clerk</i>
<input type="checkbox"/> No. Last day of work:	<i>March 3 19</i>	What was your position? <i>Money room Clerk</i>
<input type="checkbox"/> I was never hired. Date of application:	<i> </i>	What position did you apply for? <i>Casino Floor Aide</i>
	<i>month day year</i>	<i>Housekeeping Supervisor</i>

7. Basis of alleged discrimination:

Check **ONLY** the boxes that you believe were the reasons for discrimination. Please look at page 2 of "Instructions" for an explanation of each type of discrimination.

<input type="checkbox"/> Age: Date of Birth: _____	<input type="checkbox"/> Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves
<input type="checkbox"/> Arrest Record (resolved in your favor or youthful offender record or sealed conviction record)	<input type="checkbox"/> National Origin: Please specify: _____
<input type="checkbox"/> Conviction Record	<input type="checkbox"/> Predisposing Genetic Characteristic: Please specify: _____
<input type="checkbox"/> Creed/ Religion: Please specify: _____	<input type="checkbox"/> Pregnancy-Related Condition: Please specify: _____
<input type="checkbox"/> Disability: Please specify: _____	<input type="checkbox"/> Race/Color or Ethnicity: Please specify: _____
<input type="checkbox"/> Domestic Violence Victim Status	<input type="checkbox"/> Sexual Orientation: Please specify: _____
<input type="checkbox"/> Familial Status: Please specify: _____	<input type="checkbox"/> Sex: Please specify: _____ Specify if the discrimination involved: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Gender Identity <input type="checkbox"/> Transgender Status <input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Marital Status: Please specify: _____	

If you believe you were treated differently after you filed or helped someone file a discrimination complaint, participated as a witness to a discrimination complaint, or opposed or reported discrimination due to any category above, check below:

Retaliation: How you did you oppose discrimination: *internal sexual assault complaint*

8. Acts of alleged discrimination: What did the person/company you are complaining against do? Check all that apply

<input type="checkbox"/> Refused to hire me	<input type="checkbox"/> Denied me an accommodation for my disability or pregnancy-related condition	<input type="checkbox"/> Denied me leave time or other benefits	<input checked="" type="checkbox"/> Harassed/ intimidated me (other than sexual harassment)
<input type="checkbox"/> Fired me/laid me off	<input type="checkbox"/> Denied me overtime benefits	<input checked="" type="checkbox"/> Sexually harassed or intimidated me	<input type="checkbox"/> Did not call back after lay-off
<input type="checkbox"/> Demoted me	<input type="checkbox"/> Paid me a lower salary than other co-workers doing the same job	<input type="checkbox"/> Gave me different or worse job duties than other workers doing the same job	<input checked="" type="checkbox"/> Denied me services/treated differently by employment agency
<input checked="" type="checkbox"/> Suspended me	<input type="checkbox"/> Denied me an accommodation for my religious practices	<input type="checkbox"/> Gave me a disciplinary notice or negative performance review	<input checked="" type="checkbox"/> Unlawful inquiry, or limitation, specification or discrimination in job advertisement
<input checked="" type="checkbox"/> Denied me training	<input type="checkbox"/> Denied me promotion/ pay raise	<input type="checkbox"/> Denied a license by a licensing agency	<input type="checkbox"/> Other: _____

9. Description of alleged discrimination

Tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. TYPE OR PRINT CLEARLY.

See attached

If you need more space to write, please continue writing on a separate sheet of paper and attach it to the complaint form. **DO NOT WRITE IN THE MARGINS OR ON THE BACK OF THIS FORM.**

I

I Lucinda & Johnson have written this statement on March - 27 2019. Regarding the discrimination, sexual assault, mental anguish and mistreatment I have received by manager's and co-worker ~~as~~ as a Bingo money room clerk. between 1-29-2019 Til 3-~~4~~-2019 when my Doctor took me out of work for stress and mental anguish. Sexual assault on 2-21-2019 or around that date I went to Garcia Hanim to inform her about the problem of being sexual assaulted and the harassment by manager's and co-worker as I was in my 90 day training. I told her how Bill was harassing me sexual and how I was being discriminated by teaching my self and not being able to learn other job with in ^{my} job description and how I felt co-worker and manager was messing with my paper count. Garcia told me there would be an investigation to all that I told her. Then on 2-27-19 Slim who is the top manager pulled me in the ~~office~~ office set me down and told me that the company took these matter very seriously and she would also

(2)

let me no what happened in there investigation. well that next day when I came to work there perpetrator was there. I couldn't believe it by the end of the day I lost it I felt unsafe so I told ^{manager} Justine what had happen ^{with Bill} and how co-workers also where treating me all the ~~the~~ time (Bill, Kim, Buffy and others) but mainly them, Bill wasn't suppose to be any where near me, but he was. He acted like nothing had happen and still said degrading things to me when he ~~walk~~ walk by me. I found myself all day watching my back scared. by the end of ^{part} Broke as I was talking to Justine and Vickie. When Vickie left ~~then~~ I then told Justine. Who ~~seem~~ seem to brush it off. That next day I was on time for work and did my job very well Bill was not there but I didn't do my count of paper or Vouchers (Cards) just my Bank (Disiree) told me because I was doing a double plant day she would do it. will come to find out on ~~Saturday~~ Sunday my count was off

(7)

that alone showed me that they
did not care about the ~~me~~ ~~assault~~ all
together as a person ~~and~~, women
and being out of work because of
all the Discrimination, mistreatment ~~and~~
~~me~~ mental anguish and most of
all the sexual assault.

I have attached a copy's of
my police report, copy of my write
up and my Spention paper sent to
me by Turning Stone

Oneida Indian Nation Police Supporting Deposition

State of New York
County of Oneida

Village of Canastota

Case # 19-0250

I Lucinda A. Johnson the deponent herein, residing at 211 Kensington Place, Syracuse, NY 13210, DOB [REDACTED] 1967. Occupation: Bingo Money Room Clerk.

Give this deposition as follows: I am at the Oneida Indian Nation Police Headquarters located at 306 Diamond St. In the Village of Canastota, NY 13032. I am speaking with Investigator Keith Wilcox regarding a couple of inappropriate incidents I had with my co-worker while conducting my duties as a Bingo Room Money Clerk. I began working this job located at the Turning Stone Casino and Resort on January 25, 2019. My co-worker whose name is Bill was helping train me around 3 weeks after I started my job. I cannot tell you the exact date but I know it was around the eleventh of February that Bill reached across in front of me with his left hand and grabbed a piece of paper. I was standing to his right side of him and when he pulled his hand back across me, he put his hand across my chest. I know that this was no accident. I said really Bill? And he said excuse me and still slid his hand across my chest. This made me very uncomfortable. The whole time I have worked at this job, Bill has been very negative and disrespectful towards me. I don't know why. He acts like he don't want me on the job.

On February 20, 2019 I was working in the Cash Room Drop Off Room located in the Bingo Office Area. This room is a smaller room and I was in the process of turning my money in, when the room door flung open and hit me, making me lose my balance and I begin to fall backwards. The next thing I know Bill was behind me and when I fell against his chest, he thrust his hips into my buttocks. When he did this I felt his private parts pushing against me. At this time I believe he was sexually excited because he was erect. I said to him "So what's that all about???" and he replied "well that's what you get for falling into me". After this occurred I felt humiliated and went to the ladies restroom where I cried.

I never reported either of these two incidents to my supervisor at the time but I did report them to Human Resources Advisor Gretchen Delorenzo on February 22, 2019. The Oneida Indian Nation claims to take this stuff very seriously but I feel that they did not take this seriously at all. This man has been verbally abusive towards me and humiliated me since I began employment. Because of this, my personal physician has taken me out of work for an unknown period of time. This is due to stress and hypertension from my job stress. I request prosecution against Bill for his inappropriate actions in the

NOTICE (Oneida Nation Tribal Penal Code 673)

In a written notice, any person who knowingly makes a false statement which such person does not believe to be true has committed a crime under the laws of the Oneida Indian Nation, punishable as a Class A Misdemeanor.

*Affirmed under penalty of perjury this: _____ day of: _____ 2018

Signed: _____ Witness: _____

Witness: _____

Time: _____

**Oneida Indian Nation Police
Supporting Deposition**

State of New York
County of Oneida

above incidents. It would of been nice to have been notified that this Bill was coming back to work after being so called disciplined. Nobody had said anything to me or even let me know that the investigation was over. I feel like my rights as a person and woman have been violated. This is how I feel.

NOTICE (Oneida Nation Tribal Penal Code 673)

In a written notice, any person who knowingly makes a false statement which such person does not believe to be true has committed a crime under the laws of the Oneida Indian Nation, punishable as a Class A Misdemeanor.

*Affirmed under penalty of perjury this: _____ day of: _____ 2018

Signed: _____ Witness: _____

Witness: _____

Time: _____



March 21, 2019

Lucinda Johnson
211 Kensington Place
Syracuse, NY 13210

Dear Lucinda:

According to our records, you have been absent since March 11, 2019 due to your medical condition. As stated in the letter sent on March 14, 2019, you are not eligible for a Family Medical Leave of absence under Oneida Nation Enterprises' Family Medical Leave policy and, unfortunately, we can no longer maintain your active employment relationship.

This letter will serve as notice of separation from employment effective March 21, 2019. Please see enclosed information if you would like to arrange for distribution of your 401(k) savings from Fidelity Investments. Please return your badge, uniforms and any other company property at your earliest convenience.

You are eligible to reapply in the future once you are medically able to return should a position become available that you are qualified to perform with or without reasonable accommodation. In the meantime, please contact me at (315) 361-7808 with any questions you may have.

Sincerely,

A handwritten signature in black ink that reads "Shannon Spadafora".

Shannon Spadafora
Human Resources
Employee Leave Administrator

Lucinda Johnson
211 Kensington Place

Syracuse, NY 13210

Dear Lucinda Johnson

This is a friendly reminder that you have an appointment with;

Provider: Ouyang MD, David

Day: 04/10/19

Time: 03:30 P M.

If you cannot make this appointment, please call our office at (315) 476-7921
at least **24 hours prior** to this appointment. We would be happy to reschedule your
appointment for a more convenient time.

Sincerely,

The Providers and Staff at
Syracuse Community Health Center Inc
819 South Salina Street
Syracuse, NY 13202-3527

33277



David OuYang, MD
SCHC Adult Medicine
819 South Salina Street
Syracuse NY, 13202-3527
(315)476-7921

03/20/2019

To Whom It May Concern:

Lucinda Johnson is currently under my medical care and may not return to work at this time.

Please excuse Lucinda for 4 week(s).

She may return to work on 04/17/2019.

Activity is restricted as follows: none- this note supersedes previous work excuse per provider.

If you require additional information please contact our office.

Sincerely,

A handwritten signature in black ink, appearing to read "OuYang". A small, thin curved arrow points from the signature towards the text "Dr. David OuYang".

Provider:

Dr. David OuYang
License: 199497
NPI: 1417937780
DEA: F02693225

OuYang MD, David 03/20/2019 6:29 PM

Document generated by: Shelly Harris, RN 03/20/2019

ONEIDA NATION ENTERPRISES, LLC - Corrective Counseling Notice

Employee/Badge #: _____ Department: _____ Shift: _____

b Title: _____ Most Recent Date of Infraction: _____

Please indicate the action to be taken: Attendance Performance Misconduct

<input type="checkbox"/> Level 1 Written	To be issued for: 1) a minor performance deficiency or an infraction for which the employee has previously received coaching or redirection. Date(s) of prior coaching: _____
<input type="checkbox"/> Level 2 Written	To be issued for (circle one): 1) a recurrence of a performance deficiency or 2) an infraction for which the employee has received at least one prior Level 1 counseling or 3) an infraction serious enough by itself to warrant a Level 2 counseling. Date(s) of prior Level 1 counseling(s): _____
<input type="checkbox"/> Suspension -OR-	
<input type="checkbox"/> Level 3 Final Written	To be issued for (circle one): 1) a recurrence of a performance deficiency of same or similar infraction after the employee has received Level 1 and/or Level 2 counseling(s) or 2) an infraction serious enough by itself to warrant a Level 3 Final Written or Suspension counseling. Dates of suspension: _____ Date(s) of prior Level 2: _____ Date(s) of prior suspension: _____

Describe Performance Deficiency/Policy Violation: _____

Describe what the Employee must do to correct the performance deficiency and what action will be taken in the event of recurrence: _____

Supervisor Signature _____ Printed Name/Badge # _____ Date _____ Director/Manager: _____ Initials/Date _____

Employee Relations: _____ Initials/Date _____

Employee Comments: _____

I understand that this Corrective Counseling Notice will be active for (1) year from the date of issuance (for all cash variances, please refer to department cash variance policy), and any future occurrences of this nature will result in further corrective action in the progressive discipline process up to and including termination of employment. My signature below represents that I have read and understand the above and is not necessarily an admission of concurrence.

Employee Signature _____ Date _____

ONEIDA NATION ENTERPRISES, LLC - Corrective Counseling Notice

Employee/Badge #: _____ Department: _____ Shift: _____

Job Title: _____ Most Recent Date of Infraction: _____

Please indicate the action to be taken: Attendance Performance Misconduct

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Initials/Date _____

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Initials/Date _____

Employee Comments: _____

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Employee Signature _____ Date _____

2/22/19 08:22:53

iSeries History: ONEIDA INDIAN NATION

Emp#: 132428 JOHNSON, LUCINDA A Badge: 132428 Selected Period
 Options: 1=View B=Brkdwn From:
 Position: C=Comments E=Exceptions To:
 Opt Date In Out Hours Sch Pcd Ap Division Notes
 TH 2/14/19 200P U 830P 6.50 0 ONACASHS
 FR 2/15/19 1045A U 830P I 9.75 0 ONACASHS
 SA 2/16/19 745A U 115A I 17.50 0 ONACASHS
 SU 2/17/19 145P U 900P 7.25 0 ONACASHS
 TU 2/19/19 745A U 815P I 12.50 0 ONACASHS
 WE 2/20/19 130P U 1015P I 8.75 0 ONACASHS
 TH 2/21/19 300P U 830P 5.50 0 ONACASHS
 FR 2/22/19 815A U ? 0 ONACASHS

REG 218.50 OT 44.25

Bottom

Total: 262.75
F3=Exit F8=Adjust F9=Previous F10=Next F11=Charge
F12=Cancel F13=Actual F14=Defaults F15=Punches F16=Audit F17=Accruals

2/22/19 08:22:53

iSeries History: ONEIDA INDIAN NATION

Emp#: 132428 JOHNSON, LUCINDA A Badge: 132428
 Options: 1=View B=Brkdwn
 Position: C=Comments E=Exceptions

Selected Period

From:

To:

Opt	Date	In	Out	Hours	Sch	Pcd	Ap	Division	Notes
✓	SA 1/26/19	815A	U 945P	13.50			0	ONACASHS	
✓	SU 1/27/19	830A	U 830P	12.00			0	ONACASHS	
✓	TU 1/29/19	245P	U 800P	5.25			0	ONACASHS	
✓	MO 2/04/19	745A	U 815P	12.50			0	ONACASHS	
✓	TU 2/05/19	815A	U 145P	5.50			0	ONACASHS	
✓	TH 2/07/19	215P	U 815P	6.00			0	ONACASHS	
✓	FR 2/08/19	800A	U 815P	12.25			0	ONACASHS	
✓	SA 2/09/19	930A	U 900P	11.50			0	ONACASHS	
✓	MO 2/11/19	815A	U 830P	12.25			0	ONACASHS	
✓	TU 2/12/19	145P	U 800P	6.25			0	ONACASHS	
✓	WE 2/13/19	200P	U 830P	6.50			0	ONACASHS	

REG 218.50 OT 44.25

More...

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F17=Accruals

Total: 262.75

Notarization of Complaint

Based on the information contained in this form, I charge the herein named respondent(s) with an unlawful discriminatory practice, in violation of the New York State Human Rights Law.

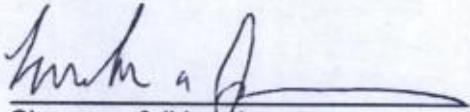
By filing this complaint, I understand that I am also filing my employment complaint with the United States Equal Employment Opportunity Commission under the Americans With Disabilities Act (covers disability related to employment), Title VII of the Civil Rights Act of 1964, as amended (covers race, color, religion, national origin, sex relating to employment), and/or the Age Discrimination in Employment Act, as amended (covers ages 40 years of age or older in employment). This complaint will protect my rights under federal law.

I hereby authorize the New York State Division of Human Rights to accept this complaint on behalf of the U.S. Equal Employment Opportunity Commission, subject to the statutory limitations contained in the aforementioned law.

I have not filed any other civil action, nor do I have an action pending before any administrative agency, under any state or local law based upon this same unlawful discriminatory practice.

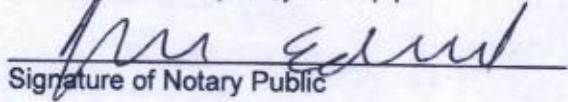
PLEASE INITIAL *✓*

I swear under penalty of perjury that I am the complainant herein; that I have read (or have had read to me) the foregoing complaint and know the contents of this complaint; and that the foregoing is true and correct, based on my current knowledge, information, and belief.



Sign your full legal name

Subscribed and sworn before me
This 29th day of March, 2019


Signature of Notary Public

County: Onondaga Commission expires: 4/13/21

Please note: Once this form is completed, notarized, and returned to the New York State Division of Human Rights, it becomes a legal document and an official complaint with the Division.



Public Birth Bo

portal.

New York State Division of Human Rights
Employment Complaint Form

EEOC.gov.

Received

MAR 29 2019

NYS DHR

Syracuse Satellite

1. Your contact information:

First Name	Lucinda		Middle Initial/Name	a	
Last Name	Johnson				
Street Address/ PO Box	211 Kensington Place		Apt or Floor #:		
City	Syracuse	State	N.Y	Zip Code	13210

2. Regulated Areas: You believe you were discriminated against in the area of:

Employment (including paid internship) Labor Organization
 Apprentice Training Employment Agencies
 Internship (unpaid only) Licensing
 Volunteer Firefighting (excludes disability, age, domestic violence victim status, arrest, conviction, genetic history)

3. You are filing a complaint against:

Employer Name ONEIDA NATION ENTERPRISES LLC			
Street Address/ PO Box	5218 Patrick Road P.O. Box 126		
City	Verona	State	N.Y
Telephone Number:	() Ext.		

In what county or borough did the violation take place?

ONEIDA

Individual people who discriminated against you: all first names
 Name: Vicki, Desiree, Sarey Title: Manager's
 Name: Justine, Kristal 3 Title: E (Licensing Specialist)
 (Employee Coworker (Bill, Kim, Buffy) E Garcia Hiram
 If you need more space, please list them on a separate piece of paper.

4. Date of alleged discrimination (must be within one year of filing):

The most recent act of discrimination happened on: Feb 9th 2019 Till March 4-19
 Sexual assault (Feb 1st, 18) 2019 month day year

5. For employment and internships, how many employees does this company have?

1-3 4-14 15-19 20 or more Don't know

6. Are you currently working for this company? NO

<input type="checkbox"/> Yes. Date of hire:	Jan	9 th	19	What is your position?
	month	day	year	Money room Clerk
<input checked="" type="checkbox"/> No. Last day of work:	March	3	19	What was your position?
	month	day	year	Money room Clerk
<input type="checkbox"/> I was never hired.	Date of application:			What position did you apply for?
	month	day	year	Floor Aide, Casino Housekeeping Supervisor

7. Basis of alleged discrimination:

Check **ONLY** the boxes that you believe were the reasons for discrimination. Please look at page 2 of "Instructions" for an explanation of each type of discrimination.

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<input type="checkbox"/> Conviction Record	<input type="checkbox"/> Predisposing Genetic Characteristic: Please specify: _____
<input type="checkbox"/> Creed/ Religion: Please specify: _____	<input type="checkbox"/> Pregnancy-Related Condition: Please specify: _____
<input type="checkbox"/> Disability: Please specify: _____	<input type="checkbox"/> Race/Color or Ethnicity: Please specify: _____
<input type="checkbox"/> Domestic Violence Victim Status	<input type="checkbox"/> Sexual Orientation: Please specify: _____
<input type="checkbox"/> Familial Status: Please specify: _____	<input type="checkbox"/> Sex: Please specify: _____ Specify if the discrimination involved: <input type="checkbox"/> Pregnancy <input type="checkbox"/> Gender Identity <input type="checkbox"/> Transgender Status <input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Marital Status: Please specify: _____	

If you believe you were treated differently after you filed or helped someone file a discrimination complaint, participated as a witness to a discrimination complaint, or opposed or reported discrimination due to any category above, check below:

Retaliation: How you did you oppose discrimination: internal sexual assault complaint

8. Acts of alleged discrimination: What did the person/company you are complaining against do? Check all that apply

<input type="checkbox"/> Refused to hire me	<input type="checkbox"/> Denied me an accommodation for my disability or pregnancy-related condition	<input type="checkbox"/> Denied me leave time or other benefits	<input checked="" type="checkbox"/> Harassed/ intimidated me (other than sexual harassment)
<input type="checkbox"/> Fired me/laid me off	<input type="checkbox"/> Denied me overtime benefits	<input checked="" type="checkbox"/> Sexually harassed or intimidated me	<input type="checkbox"/> Did not call back after lay-off
<input type="checkbox"/> Demoted me	<input type="checkbox"/> Paid me a lower salary than other co-workers doing the same job	<input type="checkbox"/> Gave me different or worse job duties than other workers doing the same job	<input checked="" type="checkbox"/> Denied me services/treated differently by employment agency
<input checked="" type="checkbox"/> Suspended me	<input type="checkbox"/> Denied me an accommodation for my religious practices	<input checked="" type="checkbox"/> Gave me a disciplinary notice or negative performance review	<input checked="" type="checkbox"/> Unlawful inquiry, or limitation, specification or discrimination in job advertisement
<input type="checkbox"/> Denied me training	<input type="checkbox"/> Denied me promotion/ pay raise	<input type="checkbox"/> Denied a license by a licensing agency	<input type="checkbox"/> Other: _____

9. Description of alleged discrimination

Tell us more about each act of discrimination that you experienced. Please include dates, names of people involved, and explain why you think it was discriminatory. TYPE OR PRINT CLEARLY.

See attached

If you need more space to write, please continue writing on a separate sheet of paper and attach it to the complaint form. **DO NOT WRITE IN THE MARGINS OR ON THE BACK OF THIS FORM.**

1

I Lucinda & Johnson have written
this statement on March - 27 2019
Regarding the discrimination, sexual assault
, mental Aquish and mistreatment I have
received by manager's and co-worker
~~as~~ as a Bingo money room clerk.
between 1-29-2019 Til 3-4-2019 when
my Doctor took me out of work for
stress and mental Aquish. Sexual assault
on 2-21-2019 or around that date I
went to Garcia Harrim to inform her
about the problem of being sexual assaulted
and the harassment by manager's and
co-worker as I was in my 90 day training
I told her How Bill was harassing
me sexual and How I was being
discriminated by teaching my self and
not being able to learn other job with
in ^{my} job description and how I felt
co-worker and manager was messing
with my paper count. Garcia told me
there would be an investigation to all
that I told her. Then on 2-27-19 SLM
who is the top manager pulled me in the
~~office~~ office set me down and told me
that the company took these matter
very seriously and she would also



**Employment (Includes Licensing, Internships, & Volunteer Firefighting)
Discrimination Complaint Form**

Instructions

1) Please fill out the complaint form, answering all of the questions. If you are filling out the form on a computer, please print it immediately when you are finished. **You may not be able to save the completed form.** If possible, please type. If you are filling out the form by hand, please print. **Please do not write in the margins or on the back of this form.**

Please note: A delay could occur in the filing and the investigation of your complaint if the form is not filled out properly or if the information you provide is not legible.

2) After you fill out the form, please have this complaint form notarized. Please contact our office if you have questions about notarization (see below). Notary services are available at the Division free of charge.

3) Attach copies of any documents that you think will help the Division investigate your case (pay stubs, letter of termination, performance evaluations, disciplinary notices, etc.).

4) Return the **original** complaint form to the regional office closest to you. See below for the list of office locations. You may return the complaint by **mail or in person**.

5) Keep a copy of your complaint, and copies of any documents that you attach, for your own records.

6) The completed and notarized complaint must be returned to the Division promptly. After the Division accepts your complaint, this form will be sent to the company or person(s) whom you are charging with discrimination.

Time Limit for Filing

Please note: You must file your complaint within **one year** of the most recent act of alleged discrimination. If you were terminated, you must file within one year of the date you were first informed you would be terminated.

If you need further assistance or require an accommodation for a disability, please call one of our offices, make an appointment for a personal meeting or visit our website at www.dhr.ny.gov/how-file-complaint. Interpreter services are also available at no cost upon request.

NYS Division of Human Rights Offices

Albany
Agency Building 1, 2nd Floor
Empire State Plaza
Albany, New York 12220
Telephone No. (518) 474-2705

Binghamton
44 Hawley Street, Room 603
Binghamton, New York 13901
Telephone No. (607) 721-8467

Buffalo
Walter J. Mahoney State Office Bldg.
65 Court Street, Suite 506
Buffalo, New York 14202
Telephone No. (716) 847-7632

Brooklyn
55 Hanson Place, Room 304
Brooklyn, New York 11217
Telephone No. (718) 722-2385

Long Island (Nassau)
50 Clinton Street, Suite 301
Hempstead, New York 11550
Telephone No. (516) 539-6848

Long Island (Suffolk)
New York State Office Building
250 Veterans Memorial Highway,
Suite 2B-49
Hauppauge, New York 11788
Telephone No. (631) 952-6434

Manhattan
Adam Clayton Powell Jr.
State Office Bldg.
163 West 125th Street, 4th Floor
New York, New York 10027
Telephone No. (212) 961-8650

**Office of Sexual Harassment
Issues/Queens**
55 Hanson Place, Room 900
Brooklyn, New York 11217
Telephone No. (718) 722-2060

Rochester
One Monroe Square
259 Monroe Avenue, Suite 308
Rochester, New York 14607
Telephone No. (585) 238-8250

Syracuse
333 E. Washington Street,
Room 543
Syracuse, New York 13202
Telephone No. (315) 428-4633

White Plains
7-11 South Broadway, Suite 314
White Plains, New York 10601
Telephone No. (914) 989-3120

Oneida Indian Nation Police

Supporting Deposition

State of New York
County of Oneida

Village of Canastota

Case # 19-0250

I Lucinda A. Johnson the deponent herein, residing
at 211 Kensington Place. Syracuse, NY 13210. DOB [REDACTED] 1967. Occupation: Bingo Money Room
Clerk.

Give this deposition as follows: I am at the Oneida Indian Nation Police Headquarters located at 306 Diamond St. In the Village of Canastota, NY 13032. I am speaking with Investigator Keith Wilcox regarding a couple of inappropriate incidents I had with my co-worker while conducting my duties as a Bingo Room Money Clerk. I began working this job located at the Turning Stone Casino and Resort on January 25, 2019. My co-worker whose name is Bill was helping train me around 3 weeks after I started my job. I cannot tell you the exact date but I know it was around the eleventh of February that Bill reached across in front of me with his left hand and grabbed a piece of paper. I was standing to his right side of him and when he pulled his hand back across me, he put his hand across my chest. I know that this was no accident. I said really Bill? And he said excuse me and still slid his hand across my chest. This made me very uncomfortable. The whole time I have worked at this job, Bill has been very negative and disrespectful towards me. I don't know why. He acts like he don't want me on the job.

On February 20, 2019 I was working in the Cash Room Drop Off Room located in the Bingo Office Area. This room is a smaller room and I was in the process of turning my money in, when the room door flung open and hit me, making me lose my balance and I begin to fall backwards. The next thing I know Bill was behind me and when I fell against his chest, he thrust his hips into my buttocks. When he did this I felt his private parts pushing against me. At this time I believe he was sexually excited because he was erect. I said to him "So what's that all about???" and he replied "well that's what you get for falling into me". After this occurred I felt humiliated and went to the ladies restroom where I cried.

I never reported either of these two incidents to my supervisor at the time but I did report them to Human Resources Advisor Gretchen Delorenzo on February 22, 2019. The Oneida Indian Nation claims to take this stuff very seriously but I feel that they did not take this seriously at all. This man has been verbally abusive towards me and humiliated me since I began employment. Because of this, my personal physician has taken me out of work for an unknown period of time. This is due to stress and hypertension from my job stress. I request prosecution against Bill for his inappropriate actions in the

NOTICE (Oneida Nation Tribal Penal Code 673)

In a written notice, any person who knowingly makes a false statement which such person does not believe to be true has committed a crime under the laws of the Oneida Indian Nation, punishable as a Class A Misdemeanor.

*Affirmed under penalty of perjury this: _____ day of: _____ 2018

Signed: _____ Witness: _____

Witness: _____

Time: _____



March 14, 2019

Lucinda Johnson
211 Kensington Place
Syracuse, NY 13210

Dear Lucinda:

We have received your request for Family Medical Leave (FML) for a serious medical condition. At this time, your request for FML coverage is denied. The explanation for this determination is as follows:

- *You have not met the 12-month length of service requirement.*
- *You have not met the requirement of 1,250 hours worked in the 12 months immediately preceding the start of the leave.*

Please keep this letter as a resource and to contact me to discuss any questions. Enclosed is the FML policy which I encourage you to review or you can find this policy located in your ONE Employee Handbook.

Sincerely,

Shannon Spadafora
Shannon Spadafora
HR Employee Leave Administrator
315-361-7808 / shannon.spadafora@turningstone.com

Lucinda Johnson
211 Kensington Place

Syracuse, NY 13210

Dear Lucinda Johnson

This is a friendly reminder that you have an appointment with;

Provider: Ouyang MD, David
Day: 04/10/19
Time: 03:30 P M.

If you cannot make this appointment, please call our office at (315) 476-7921
at least **24 hours prior** to this appointment. We would be happy to reschedule your
appointment for a more convenient time.

Sincerely,

The Providers and Staff at
Syracuse Community Health Center Inc
819 South Salina Street
Syracuse, NY 13202-3527

33277



**Division of
Human Rights**

**NEW YORK STATE
DIVISION OF HUMAN RIGHTS**

NEW YORK STATE DIVISION OF
HUMAN RIGHTS on the Complaint of

LUCINDA A. JOHNSON,

Complainant,

v.

ONEIDA NATION ENTERPRISES, LLC,

Respondent.

**DETERMINATION AND
ORDER OF DISMISSAL FOR
LACK OF JURISDICTION**

Case No.
10200621

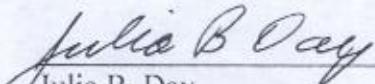
On 3/29/2019, Lucinda A. Johnson filed a verified complaint with the New York State Division of Human Rights (“Division”) against the above-named respondent(s) pursuant to N.Y. Exec. Law, art. 15 (“Human Rights Law”).

Pursuant to Section 297.2 of the Human Rights Law, the Division finds that it does not have jurisdiction over the content of the complaint. The Division does not have jurisdiction over the Respondent because the respondent business is operated by the Oneida Indian Nation. The New York State Division of Human Rights lacks jurisdiction over the respondent because of its sovereign immunity. The complaint is therefore ordered dismissed and the file is closed.

PLEASE TAKE NOTICE that any party to this proceeding may appeal this Determination to the New York State Supreme Court in the County wherein the alleged unlawful discriminatory practice took place by filing directly with such court a Notice of Petition and Petition within sixty (60) days after service of this Determination. A copy of this Notice and Petition must also be served on all parties including General Counsel, State Division of Human Rights, One Fordham Plaza, 4th Floor, Bronx, New York 10458. DO NOT FILE THE ORIGINAL NOTICE AND PETITION WITH THE STATE DIVISION OF HUMAN RIGHTS.

Dated: **APR 12 2019**
Rochester, New York

STATE DIVISION OF HUMAN RIGHTS

By: 
Julia B. Day
Regional Director



Division of Human Rights

ANDREW M. CUOMO
Governor

HELEN DIANE FOSTER
Commissioner

April 12, 2019

Lucinda A. Johnson
211 Kensington Place
Syracuse, NY 13210

Re: Lucinda A. Johnson v. Oneida Nation Enterprises, LLC
Case No. 10200621

Dear Lucinda A. Johnson:

Your complaint was filed with the Division of Human Rights on 3/29/2019. A copy of your complaint is enclosed.

The Division cannot proceed with an investigation, but must dismiss the complaint for lack of jurisdiction. A copy of the Division's dismissal is enclosed.

Very truly yours,

A handwritten signature in blue ink that reads "Julia B. Day".
Julia B. Day
Regional Director

Enclosures:
Complaint
Determination

Lucinda Johnson
211 Kensington Place

Syracuse, NY 13210

Dear Lucinda Johnson

This is a friendly reminder that you have an appointment with;

Provider: Mammo Room

Day: 04/24/19

Time: 08:20 A M.

If you cannot make this appointment, please call our office at (315) 476-7921
at least **24 hours prior** to this appointment. We would be happy to reschedule your
appointment for a more convenient time.

Sincerely,

The Providers and Staff at
Syracuse Community Health Center Inc
819 South Salina Street
Syracuse, NY 13202-3527

33277



March 21, 2019

Lucinda Johnson
211 Kensington Place
Syracuse, NY 13210

Dear Lucinda:

According to our records, you have been absent since March 11, 2019 due to your medical condition. As stated in the letter sent on March 14, 2019, you are not eligible for a Family Medical Leave of absence under Oneida Nation Enterprises' Family Medical Leave policy and, unfortunately, we can no longer maintain your active employment relationship.

This letter will serve as notice of separation from employment effective March 21, 2019. Please see enclosed information if you would like to arrange for distribution of your 401(k) savings from Fidelity Investments. Please return your badge, uniforms and any other company property at your earliest convenience.

You are eligible to reapply in the future once you are medically able to return should a position become available that you are qualified to perform with or without reasonable accommodation. In the meantime, please contact me at (315) 361-7808 with any questions you may have.

Sincerely,

Shannon Spadafora

Shannon Spadafora
Human Resources
Employee Leave Administrator

ONEIDA NATION ENTERPRISES, LLC - Corrective Counseling Notice

Employee/Badge #: _____ **Department:** _____ **Shift:** _____

Job Title: _____ **Most Recent Date of Infraction:** _____

Please indicate the action to be taken: Attendance Performance Misconduct

Level 1 Written To be issued for:
 1) a minor performance deficiency or an infraction for which the employee has previously received coaching or redirection. **Date(s) of prior coaching:** _____

Level 2 Written To be issued for (circle one):
 1) a recurrence of a performance deficiency or
 2) an infraction for which the employee has received at least one prior Level 1 counseling or
 3) an infraction serious enough by itself to warrant a Level 2 counseling.
Date(s) of prior Level 1 counseling(s): _____

Suspension
 -or-

Level 3 Final Written To be issued for (circle one):
 1) a recurrence of a performance deficiency of same or similar infraction after the employee has received Level 1 and/or Level 2 counseling(s) or
 2) an infraction serious enough by itself to warrant a Level 3 Final Written or Suspension counseling.
Dates of suspension: _____
Date(s) of prior Level 2: _____
Date(s) of prior suspension: _____

Describe Performance Deficiency/Policy Violation: Lucinda obtained 116 exceptions between 2/1/19 and 2/28/19, which is 3.21% of the total 3,577 offers; 2/1/19, 2/19/19, 2/21/19 x 3, 2/16/19, 2/17/19, 2/19/19 x 2, 2/20/19, 2/22/19, 2/23/19, and 2/24/19. This is a violation of the Conflict of Interest Policy.

Describe what the Employee must do to correct the performance deficiency and what action will be taken in the event of recurrence: Lucinda needs to slow down and concentrate on accuracy. Any further latencies will result in progressive action up to and including termination.

Supervisor Signature _____ **Printed Name/Badge #** _____ **Date** _____ **Initials/Date** _____

Supervisor Signature _____ **Printed Name/Badge #** _____ **Date** _____ **Initials/Date** _____

Employee Relations:

Initials/Date _____

Employee Comments: _____

Page 10 of 10

Digitized by srujanika@gmail.com

Digitized by srujanika@gmail.com

I understand that this Corrective Counseling Notice will be active for (1) year from the date of issuance (for all cash variances, please refer to department).

cash variance policy), and any future occurrences of this nature will result in further corrective action in the progressive discipline process up to and including termination of employment.

including termination of employment. My signature below represents that I have read and understand the above and is not necessarily an admission of concurrence.

For a signature, draw a line across the line above and sign your name.

Employee Signature _____ **Date** _____

ORIGINAL-HUMAN RESOURCES YELLOW COPY – DEPARTMENT FILE PINK COPY - EMPLOYEE

ONEIDA NATION ENTERPRISES, LLC - Corrective Counseling Notice

Employee/Badge #: Leah Johnson 472438 Department: Boo Shift: _____

Job Title: Customer Service Representative **Most Recent Date of Infraction:** 2/18/19

Please indicate the action to be taken: Attendance Performance Misconduct

Level 1 Written To be issued for:
 1) a minor performance deficiency or an infraction for which the employee has previously received coaching or redirection. **Date(s) of prior coaching:** _____

Level 2 Written To be issued for (circle one):
 1) a recurrence of a performance deficiency or
 2) an infraction for which the employee has received at least one prior Level 1 counseling or
 3) an infraction serious enough by itself to warrant a Level 2 counseling.
Date(s) of prior Level 1 counseling(s): _____

Suspension
 -OR-

Level 3 Final Written To be issued for (circle one):
 1) a recurrence of a performance deficiency of same or similar infraction after the employee has received Level 1 and/or Level 2 counseling(s) or
 2) an infraction serious enough by itself to warrant a Level 3 Final Written or Suspension counseling.
Dates of suspension: _____
Date(s) of prior Level 2: _____
Date(s) of prior suspension: _____

Describe Performance Deficiency/Policy Violation: _____

Describe what the Employee must do to correct the performance deficiency and what action will be taken in the event of recurrence:

Supervisor Signature

Printed Name/Badge #

Date

Director/Manager:

Initials/Date

Employee Relations:

Initials/Date

Employee Comments: _____

I understand that this Corrective Counseling Notice will be active for (1) year from the date of issuance (for all cash variances, please refer to department cash variance policy), and any future occurrences of this nature will result in further corrective action in the progressive discipline process up to and including termination of employment. My signature below represents that I have read and understand the above and is not necessarily an admission of concurrence.

Employee Signature

Date